Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number 574561

CUSTOMER DETAILS Gatcliffe C/D

Name (Mr/Mrs/Miss/Ms) VOS Accommodation Village

Address Endcliffe Village
Endcliffe Crescent
Sheffield.

Postcode S10 3EL

Tel No –

Contract Number VOS

SERVICE CENTRE

Address ENGIE
14 Endcliffe Crescent
Sheffield

Postcode S10 3EA.

Tel No 0114 222 4946

Indicate work undertaken PPM	Tightness test	✓ Strength test
Scope of works	Job No	
ANNUAL GAS PPM AND TIGHTNESS TEST.		

Test Instrument	
Type (water/elec etc)	ELECTRONIC
Serial No if applicable	V200 CJ 26151

TIGHTNESS TEST DETAILS	TPCP1	TPCP1A
Tested To TPCP1 or TPCP1A tick as apropriate		✓
Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)		NG
Installation - New (N) - New extension (NE) - Existing (E)		E
Could weather/changes in temperature affect test? Yes/No		
Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test)		D
Meter designation (U16, U40, P7 etc) (N/A if meter not included in test)		U40
Pressure bypass installed if applicable (Yes/No/NA)		NO
Gas meter volume (m^3)		0.067
Installation volume pipework and fittings (m^3)		0.021
Installation volume total (m^3)		0.088
Test medium - fuel gas, air		GAS
Tightness test pressure (TTP) mbar/bar		21.0
Gauge GRM		0.5
Pressure gauge type (water, high SG, electronic etc)		ELEC
Maximum permitted leak rate (MPLR) m^3/h		
Maximum Permitted pressure drop (mbar)		4.2
Let-by test period (minutes)		2
Stabilisation period (minutes)		6
Tightness test duration (TTD) (minutes)		2
Any inadequately ventilated areas to check? Yes/No		NO
Is barometric pressure correction necessary? Yes/No		
FINDINGS		
Actual pressure drop (if any) mbar		0.0
Actual leak rate m3/hr		
Have inadequately ventilated areas been checked? Yes/NA		NA
Tightness test Pass or Fail		PASS

STRENGTH TEST DETAILS	
State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)	
Calculated strength test pressure (STP) (m/bar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
FINDINGS	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and U[redacted]ry standards and procedures.

Engineers Signatu[redacted] Date 26/2/21

Print Name [redacted]

Responsible Person's Signature [redacted]

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy

Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number 574561

CUSTOMER DETAILS

Name (Mr/Mrs/Miss/Ms) UoS Accommodation Village

Address Endcliffe Village
Endcliffe Crescent
Sheffield

Postcode S10 3EL

Tel No —

Contract Number UoS

SERVICE CENTRE

Address ENGIE
14 Endcliffe Crescent
Sheffield

Postcode S10 3EA

Tel No 0114 222 4946

Indicate work undertaken	Tightness test	✓ Strength test	
Scope of works	Job No		
Annual Gas PPM and Tightness Test			

Test Instrument	
Type (water/elec etc)	Electronic 2DP
Serial No if applicable	V100 CJ26151

TIGHTNESS TEST DETAILS	TPCP1	TPCP1A
Tested To TPCP1 or TPCP1A tick as apropriate		✓
Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)		NG.
Installation - New (N) - New extension (NE) - Existing (E)		E
Could weather/changes in temperature affect test? Yes/No		
Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test)		D
Meter designation (U16, U40, P7 etc) (N/A if meter not included in test)		U25
Pressure bypass installed if applicable (Yes/No/NA)		NA
Gas meter volume (m^3)		0.089
Installation volume pipework and fittings (m^3)		0.102
Installation volume total (m^3)		0.066
Test medium - fuel gas, air		GAS
Tightness test pressure (TTP) mbar/bar		21.0
Gauge GRM		NA
Pressure gauge type (water, high SG, electronic etc)		E
Maximum permitted leak rate (MPLR) m^3/h		
Maximum Permitted pressure drop (mbar)		4.2
Let-by test period (minutes)		2
Stabilisation period (minutes)		6
Tightness test duration (TTD) (minutes)		2
Any inadequately ventilated areas to check? Yes/No		NO
Is barometric pressure correction necessary? Yes/No		
FINDINGS		
Actual pressure drop (if any) mbar		0.0
Actual leak rate m3/hr		
Have inadequately ventilated areas been checked? Yes/NA		NA
Tightness test Pass or Fail		PASS

STRENGTH TEST DETAILS	
State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)	
Calculated strength test pressure (STP) (m/bar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
FINDINGS	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Engineers Signature [redacted] Date 14/02/21

Print Name

Responsible Person [redacted]

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy